

Lake Phoenix's



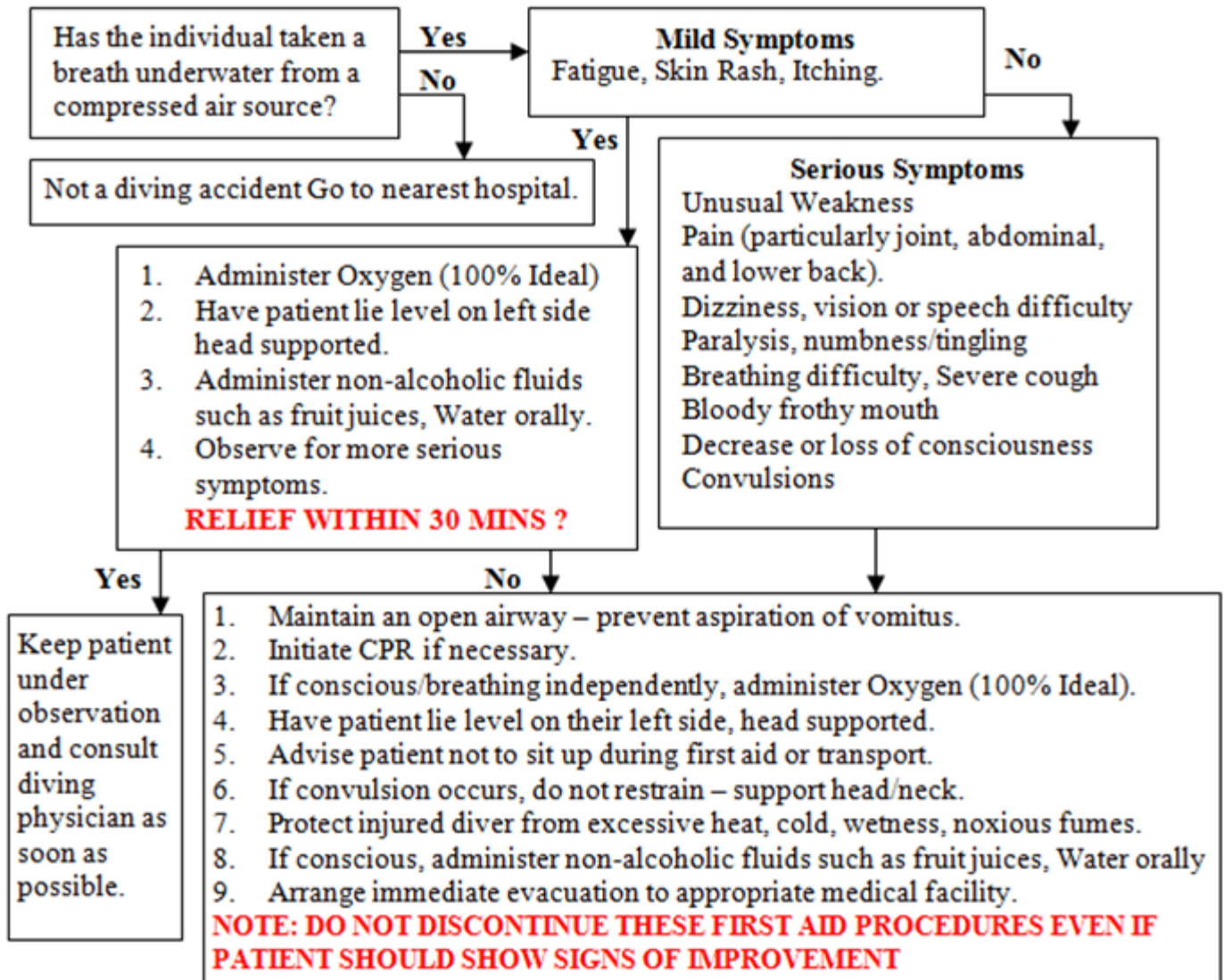
Emergency Action Plan

****CONTACT DIVE SHOP BY
WAY OF TWO WAY RADIO
IN FIRST AID SHED OR
PHONE (804-716-2199).***

****IF EMS IS NEEDED CALL
911!!***

****SHOP WILL DETERMINE
IF MED FLIGHT IS NEEDED.***

***LAKE PHOENIX'S COORDINATES
ARE: 77*45.875'W LONGITUDE
36*56.971' N LATITUDE.***



Victims Name _____ . Age _____ .

Address _____ .

Contact _____ . Relation _____ . Phone _____ .

Signs/Symptoms	Time	Sign/Symptoms	Time
_____	_____ :	_____	_____ :
_____	_____ :	_____	_____ :
_____	_____ :	_____	_____ :
_____	_____ :	_____	_____ :

	First Dive	Second Dive	Third Dive
Time In	_____ :	_____ :	_____ :
Time Out	_____ :	_____ :	_____ :
Depth	_____	_____	_____

COMMENTS: _____

Lake Phoenix

DIVING NEUROLOGICAL ASSESSMENT Diving Incident/Accident Reports

Primary Survey:

If Victim does not respond:

- Check their airway
- Look, listen, and feel (breathing)
- Check for circulation
- Provide rescue breathing/CPR
- Control any bleeding
- Treat for shock

If Victim responds:

- Tell them your name
- Tell them you are a first responder
- Ask if you can assist
- Control severe bleeding
- Determine level of consciousness, awareness and orientation
- Complete a secondary survey (head to toe body scan)
- Provide the appropriate first aid
- Treat for shock

Secondary Survey:

- Ask the victim what happened
- Ask how they are feeling
- Ask if they feel pain? Where?
- Ask what led up to the problem
- Ask if they have a condition or if they took / skipped medication
- Ask when they last ate
- Ask what they last ate
- Check respiration
- Check pulse rate
- Check skin condition
- Check head and neck for injury
- Check chest and back for injury
- Check abdomen for injury
- Check extremities for injury
- Perform 5 minute neuro exam if you suspect a scuba diving injury, nervous system injury, or stroke

5 Minute Neurological exam

summaries:

Performed by Whom _____

On-Site Neurological Examination

By Ed Thalmann, M.D., Assistant Medical Director of DAN

Information regarding the injured diver's neurological status will be useful to medical personnel in not only deciding the initial course of treatment but also in the effectiveness of treatment. Examination of an injured diver's central nervous system soon after an accident may provide valuable information to the physician responsible for treatment. The On-Site Neuro Exam is easy to learn and can be done by individuals with no medical experience. Perform as much of the examination as possible, but do not let it interfere with evacuation to a medical treatment facility.

Perform the following steps in order, and record the time and results.

1. Orientation

- Does the diver know his/her own name and age?
- Does the diver know the present location?
- Does the diver know what time, day, year it is?

Note: Even though a diver appears alert, the answers to these questions may reveal confusion. Do not omit them.

2. Eyes

- Have the diver count the number of fingers you display, using two or three different numbers.
- Check each eye separately and then together.
- Have the diver identify a distant object.
- Tell the diver to hold head still, or you gently hold it still, while placing your other hand about 18 inches/0.5 meters in front of the face. Ask the diver to follow your hand. Now move your hand up and down, then side to side. The diver's eyes should follow your hand and should not jerk to one side and return.
- Check that the pupils are equal in size.

3. Face

- Ask the diver to purse the lips. Look carefully to see that both sides of the face have the same expression.
- Ask the diver to grit the teeth. Feel the jaw muscles to confirm that they are contracted equally.
- Instruct the diver to close the eyes while you lightly touch your fingertips across the forehead and face to be sure sensation is present and the same everywhere.

4. Hearing

- Hearing can be evaluated by holding your hand about 2 feet/0.6 meters from the diver's ear and rubbing your thumb and finger together.
- Check both ears moving your hand closer until the diver hears it.
- Check several times and compare with your own hearing.

Note: If the surroundings are noisy, the test is difficult to evaluate. Ask bystanders to be quiet and to turn off unneeded machinery.

5. Swallowing Reflex

- Instruct the diver to swallow while you watch the "Adam's apple" to be sure it moves up and down.

6. Tongue

- Instruct the diver to stick out the tongue. It should come out straight in the middle of the mouth without deviating to either side.

7. Muscle Strength

- Instruct the diver to shrug shoulders while you bear down on them to observe for equal muscle strength.
- Check diver's arms by bringing the elbows up level with the shoulders, hands level with the arms and touching the chest. Instruct the diver to resist while you pull the arms away, push them back, up and down. The strength should be approximately equal in both arms in each direction.
- Check leg strength by having the diver lie flat and raise and lower the legs while you resist the movement.

8. Sensory Perception

- Check on both sides by touching lightly as was done on the face. Start at the top of the body and compare sides while moving downwards to cover the entire body.

Note: The diver's eyes should be closed during this procedure. The diver should confirm the sensation in each area before you move to another area.

9. Balance and Coordination

Note: Be prepared to protect the diver from injury when performing this test.

- First, have the diver walk heel to toe along a straight line while looking straight ahead.
- Have her walk both forward and backward for 10 feet or so. Note whether her movements are smooth and if she can maintain her balance without having to look down or hold onto something.
- Next, have the diver stand up with feet together and close eyes and hold the arms straight out in front of her with the palms up. The diver should be able to maintain balance if the platform is stable. Your arms should be around, but not touching, the diver. Be prepared to catch the diver who starts to fall.
- Check coordination by having the diver move an index finger back and forth rapidly between the diver's nose and your finger held approximately 18 inches/0.5 meters from the diver's face. The diver should be able to do this, even if you move your finger to different positions.
- Have the diver lie down and instruct him to slide the heel of one foot down the shin of his other leg, while keeping his eyes closed. The diver should be able to move his foot smoothly along his shin, without jagged, side-to-side movements.
- Check these tests on both right and left sides and observe carefully for unusual clumsiness on either side.

Important Notes:

- Tests 1, 7, and 9 are the most important and should be given priority if not all tests can be performed.

- The diver's condition may prevent the performance of one or more of these tests. Record any omitted test and the reason. If any of the tests are not normal, injury to the central nervous system should be suspected.
- The tests should be repeated at 30- to 60-minute intervals while awaiting assistance in order to determine if any change occurs. Report the results to the emergency medical personnel responding to the call.
- Good diving safety habits would include practicing this examination on normal divers to become proficient in the test.
- Examination of an injured diver's central nervous system soon after an accident may provide valuable information to the physician responsible for treatment.
- The On-Site Neuro Exam is easy to learn and can be done by individuals with no medical experience at all.

Lake Phoenix Timeline Sheet

DIVER: _____ Age: _____ Date: _____

TIMES: INITIAL CONTACT WITH DIVER _____ Someone with the diver when incident occurred **Y N**

DIVER ON SURFACE _____ DIVER BOUYANT _____ ALERT & RESPONSIVE **Y N**

RESCUE BREATHS _____ DIVER ON BEACH _____ CPR STARTED _____

O2 STARTED _____ (O2 flow rate LPM _____ O2 Mask Type _____) Blood Type _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____ PR _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____ PR _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____ PR _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____ PR _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____ PR _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____ PR _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____ PR _____

MEDICATIONS: Type _____ Dose _____ Taken _____ on schedule **Y N**

Type _____ Dose _____ Taken _____ on schedule **Y N**

Type _____ Dose _____ Taken _____ on schedule **Y N**

Type _____ Dose _____ Taken _____ on schedule **Y N**

LAST MEAL: Time / Date _____

PREEXISTING CONDITIONS: **Y N** _____

ALLERGIES: **Y N** _____ **SIGNS / SYMPTIONS** _____

DIVE TIMES 1 Depth _____ Time _____ / 2 Depth _____ Time _____ / 2 Depth _____ Time _____

SIT _____ SIT _____

Recorder _____

Signature _____

Date _____

SECURE GEAR, DO NOT ALTRER GEAR IN ANY WAY, DO NOT CUT OFF, AIR OR MOVE ON OFF KNOB

1: LAKE PHOENIX: 804-716-2199

1 QUARRY LN, RAWLINGS VA. 23876

2: Community Memorial Hospital

(434) 447-3151 **1755 N. Mecklenburg**

Avenue

South Hill, VA 23970

3: District of Columbia * Center for

Wound Healing & Hyperbaric

Medicine † MedStar Georgetown

University Hospital Washington, DC

202-444-4268. 163 MILES AWAY

4: North Carolina * Center for

Hyperbaric Medicine & Environmental

Physiology † Duke University Medical

Center Durham, NC (919) 684-6726

103 MILES AWAY.